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CONFIRMATION NO. 2410

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|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>10/623,278 | FILING DATE<br>07/18/2003<br><br>RULE | CLASS<br>428 | GROUP ART UNIT<br>1772 | ATTORNEY<br>DOCKET NO.<br>99-113-US-02 |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

APPLICANTS

Anne E. Spinks, Hugo, MN;

**\*\* CONTINUING DATA \*\*\*\*\*** *YES* *01L*  
 This application is a CON of 09/410,292 09/30/1999 PAT 6,602,444

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *NO* *01L*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
**\*\* 11/17/2003**

|  |  |                           |                        |                       |                            |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance<br>Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i> | STATE OR<br>COUNTRY<br>MN | SHEETS<br>DRAWING<br>1 | TOTAL<br>CLAIMS<br>13 | INDEPENDENT<br>CLAIMS<br>3 |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|

ADDRESS  
 ALLISON JOHNSON, P.A.  
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 MINNEAPOLIS , MN  
 55416

TITLE  
 Low melt flow composition

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>920 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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